

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0165934 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 08/06/2008 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old female who sustained an injury on 8/6/08. As per 9/23/14 report, she presented with aching pain in the right knee and low back on the left and aching and burning pain in the left shoulder. She rated the pain at 9/10 without medications and 5/10 with medications and the pain was worse with sitting, standing, walking, bending, laying down and lifting. Exam revealed tenderness to palpation of the entire knee, more so over proximal knee cap and patellar tendon and decreased flexion and extension. There was tenderness over the paraspinals, left more than right and increased pain with flexion and extension. She is currently on Percocet, oxycontin, amitriptyline, Duexis, Cymbalta, Colace, and Silenor. The medications are helping a great deal with her pain. She recently had Psych AME on 8/23/14 and as per the AME report there was no evidence for radiculopathy of the low back and so she does not require lumbar epidural steroid injections. TENS unit was recommended and it was felt that she would benefit from physical therapy for her low back since she has not yet done so. It was reported that she was authorized for physical therapy and a TENS unit trial. Diagnoses include chondromalacia of patella, right; Grade III, osteoarthritis of right knee; Grade II medial compartment, sprain of right knee, chronic ACL tear, partial, chronic pain syndrome, depression, low back pain, left shoulder pain and osteoarthritis of left shoulder. No recent lumbar MRI was documented.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 0xwk: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommends 9 PT visits over 8 weeks for intervertebral disc disorders without myelopathy. In this case, there is no prior history of physical therapy; however, it was reported that she was authorized for physical therapy. Furthermore, request for 12 PT visits would exceed the guidelines recommendations. Therefore, the request is not medically necessary or appropriate in accordance with the guidelines.